

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/836410

FILING DATE

4/17/01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
51												
52												
53												
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95												
96												
97												
98												
99												
100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												

CLAIMS ONLY

SERIAL NO.

09836410

FILING DATE

04/19/01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3		/					53						
4		/					54						
5		/					55						
6	/						56						
7	/						57						
8	/						58						
9		/					59						
10		/					60						
11	/						61						
12		/					62						
13		/					63						
14		/					64						
15	/						65						
16		/					66						
17		/					67						
18		/					68						
19		/					69						
20		/					70						
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22	/						72						
23		/					73						
24		/					74						
25		/					75						
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27		/					77						
28	/						78						
29		/					79						
30		/					80						
31		/					81						
32		/					82						
33		/					83						
34	X	/					84						
35	/						85						
36		/					86						
37		/					87						
38		/					88						
39		/					89						
40		/					90						
41	/						91						
42		/					92						
43	/						93						
44		/					94						
45		/					95						
46	/						96						
47		/					97						
48		/					98						
49	/						99						
50							100						
TOTAL IND.	14						TOTAL IND.						
TOTAL DEP.	35						TOTAL DEP.						
TOTAL CLAIMS	49						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS